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SEGRETARY OF STATE
TALLARY SEFF FI ORIDA

C. LEWIS

AUG 21 2012

EXAMINER

COVER LETTER

TO:	Registration Section ** Division of Corporation	* # **	* **	`# ₽` ;₩	ী শহুৰ	
SUBJE	· CCT·	Managing M	ember Addition			
0000	<u></u>		Liability Company			
The en	closed Articles of Amendn	nent and fee(s) are submit	tted for filing.			
Please	return all correspondence of	concerning this matter to	the following:			
		SATIAD	DAYA Name of Person			
			Name of Person			
Treasured Photo Gifts, LLC						
			Firm/Company			
	107 Commerce Street					
	Address					
	Lake Mary, FL 32746					
	City/State and Zip Code					
	accounting@xpsolutionsllc.com E-mail address: (to be used for future annual report notification)					
For fur	ther information concerning		·	on normalization,		
Bernadette Torres			at (<u>407</u>) Area Code &	324-481	16	
	Name of Person		Area Code &	Daytime Telephone	e Number	
Enclos	ed is a check for the follow	ing amount:				
□\$2 5		0.00 Filing Fee & [Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	nclosed)	50.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Treasured Photo Gifts, LLC

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12 AUG 20 AM 11: 17

SECRETARY OF STATE

(A Florida Limited Liability Company	bility Company)	on ourrecords.	, I LUNIDA		
The Articles of Organization for this Limited Liability Company w	vere filed on	11/16/2011	and assigned		
Florida document numberL11000130513	.				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability	ity company here:				
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company	," the designation "LL	C" or the abbreviation		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		records, enter the	e name of the new		
Name of New Registered Agent:					
New Registered Office Address:					
New Registered Office Address.	Enter Florida street address				
	, Florida				
	City		Zip Code		
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	te performance of ovided for in Cha	my duties, and I an oter 608, F.S. Or, if	n familiar with and this document is		

company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title Name** <u>Address</u> Type of Action MGRM Sajjad Daya 767 Musago Run ✓ Add Remove Lake Mary, FL 32746 ☐ Add ☐ Remove ☐ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2012 ignature of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00